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REQUEST FOR CATEGORICAL EXCLUSION

PROGRAM/ACTIVITY DATA:

Program/Activity Number: (AID-263-T-14-00001)

Country/Region: Egypt/ME

DO: SO-20; Healthier, Planned Families (263-0287)

Program/Activity Title: "Program to Improve Quality and Safety of Healthcare in Egypt"

Project/Activity Implementation: Through September 30, 2018

LOP Amount: \$5,006,579

Prepared By: Akmal Elerian, OEH

Current Date: 12/4/2016

Amendment (Y/N): Y, Filename & date of original IEE/RCE: ME 15-35 NAMRU-3 RCE, cleared by BEO on February 26, 2015.

SUMMARY OF FINDINGS / JUSTIFICATION FOR CATEGORICAL EXCLUSION REQUEST:

1. BACKGROUND:

Program to Improve Quality and Safety of Healthcare in Egypt contributes to the overall goal of improving the quality and safety of healthcare in Egypt through providing technical assistance and training to reduce the incidence of hospital acquired infections, optimize the use of antibiotics, and build capacity in infection prevention and control. Activities implemented by this program have been included in the Request for Categorical Exclusion (RCE) approved by the Bureau Environmental Officer on February 25, 2015. Recommended Threshold Decision was for Categorical Exclusion.

A modification (in process) will expand the program's scope to assist the Ministry of Health and Population (MOHP) control the Hepatitis C (Hep C) epidemic in Egypt through technical assistance, capacity building, and training activities.

Main components of the modification include the following:

1. **Build capacity of the Viral Hepatitis Unit (VHU), central infection control (CIC) department and governorate level teams**

- 1.1 Train VHU, CIC and governorate level team members in project management, monitoring & evaluation, and professional skills.
 - 1.2 Ensure efficient information technology (IT) infrastructure of the VHU and the CIC department in addition to governorate-level units.
 - 1.3 Develop an electronic viral hepatitis data base to integrate surveillance data from different sources for expert analysis and interpretation to benefit decision-makers at relevant levels of government.
- 2. Enhance infection prevention and control (IPC) programs in MOHP, university and private sector hospitals**
- 2.1. Ensure safety of IPC practices in high risk medical specialties and hospital wards associated with high transmission of Hep C
 - 2.1.1. Determine the IPC status of high risk hospital settings (dentistry clinics, endoscopy units, emergency rooms, chemotherapy centers, and diabetes clinics) in MOHP, university and private sector hospitals. A set of critical IPC indicators for safe practices will be used for evaluation.
 - 2.1.2. Develop, and distribute IPC guidelines on dentistry and emergency hospital areas to government and private sector hospitals.
 - 2.1.3. Train hospital infection control (IC) teams on safe practices in high risk hospital settings (dentistry, hemodialysis, endoscopy, and emergency department).
 - 2.1.4. Monitor the implementation progress of IPC practices in high risk areas.
 - 2.2. Strengthen the monitoring program of IPC practices:
 - 2.2.1. Update the existing IPC monitoring system and develop a set of critical IPC indicators associated with high risk of viral hepatitis transmission.
 - 2.2.2. Revise and update the system; including checklists and indicators.
 - 2.2.3. Develop a timely feedback system to report back to hospitals for immediate actions.
- 3. Strengthen and expand viral hepatitis surveillance for disease detection and response**
- 3.1 Maintain sentinel surveillance of acute viral hepatitis in the current functioning (five) hospitals, and expand the surveillance to nine additional hospitals.
 - 3.2 Develop an electronic database for data entry, cleaning and analysis.
 - 3.3 Enhance surveillance and reporting of hemodialysis-related transmission of viral hepatitis to measure seroconversion of viral hepatitis.
 - 3.3.1. Assessment and update the hemodialysis surveillance system by developing a standardized surveillance protocol for Egypt to measure the viral hepatitis seroconversion rates in hemodialysis units.
 - 3.3.2. Training of IPC teams and nurses in 40 hemodialysis centers in public and private sector hospitals.
 - 3.3.3. Utilization of data collected to monitor trends of viral hepatitis.

- 3.4. Institute new surveillance systems for chronic viral hepatitis infections among women attending antenatal clinics.
 - 3.4.1 Develop a protocol for surveillance including data collection tools.
 - 3.4.2 Provide training to 200 healthcare providers in surveillance.
 - 3.4.3 Develop and implement surveillance programs for data collection and analysis.
- 3.5. Strengthen existing routine surveillance system of communicable diseases.
 - 3.5.1. Assessment of the current national epidemiology disease surveillance system (NEDSS), and develop a plan for improvement with a special focus on viral hepatitis.
 - 3.5.2. Improve data collection, entry, cleaning and analysis

All trainings provided under this project will be theoretical, and in classroom settings.

Technical assistance, capacity building and training activities are eligible for Categorical Exclusion as per:


- (a) 22 CFR 216.2 (c)(2)(i): Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); and
- (b) 22 CFR 216.2 (c)(2)(iii): Analyses, studies, academic or research workshops and meetings.

2. REVISIONS:

If during implementation, activities are considered under this RCE that are outside the above framework, activities other than those described in the subject categories and that directly affect the environment, an Initial Environmental Examination (IEE), or an updated RCE shall be submitted for approval. If the PASA increases in funding and duration without any changes in the Scope of Work, the RCE will extend automatically.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:


CLEARANCE:



D/Mission Director, Rebecca Latorraca

Date: 12/28/16


CONCURRENCE:



Bureau Environmental Officer, John Wilson

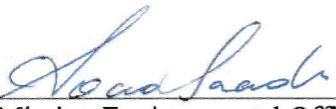
Date: 1/10/17

ADDITIONAL CLEARANCES:



Acting Office Director, Tara Simpson

Date: 12/19/2016



Mission Environmental Officer, Soad Saada

Date: 12/19/2016



Senior Resident Legal Officer, Zeinah Salah

Date: 12/20/2016